

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 15 AM 10:02



DOCUMENT # P02076

1. Corporation Name
KRUPP SECURITIES CORPORATION

Principal Place of Business

470 ATLANTIC AVENUE
BOSTON MA 02110

Mailing Address

470 ATLANTIC AVENUE
BOSTON MA 02110

2. Principal Place of Business

21 One Beacon Street
Suite, Apt. #, etc.

22 Suite 1500 Tax Dept.
City & State

23 Boston, MA
Boston, MA

24 02108

25

2a. Mailing Address

26 One Beacon Street
Suite, Apt. #, etc.

27 Suite 1500 Tax Dept.
City & State

28 Boston, MA
Zip

29 02108

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1984

4. FEI Number

04-2759208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KRUPP, DOUGLAS S.
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE D
NAME KRUPP, GEORGE D.
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA

TITLE P
NAME KEELER, ROSS
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA 02210

TITLE T
NAME ZAROVNY, WAYNE
STREET ADDRESS 470 ATLANTIC AVENUE
CITY-ST-ZIP BOSTON MA 02210

TITLE S
NAME GRIGGS, SCOTT K
STREET ADDRESS 470 ATLANTIC AVE
CITY-ST-ZIP BOSTON MA

TITLE AT
NAME UMANZIO, CLAIRE
STREET ADDRESS 470 ATLANTIC AVE
CITY-ST-ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS One Beacon Street, Suite 1500
14 CITY-ST-ZIP Boston, MA 02108

21 TITLE
22 NAME
23 STREET ADDRESS One Beacon Street, Suite 1500
24 CITY-ST-ZIP Boston, MA 02108

31 TITLE
32 NAME
33 STREET ADDRESS One Beacon Street, Suite 1500
34 CITY-ST-ZIP Boston, MA 02108

41 TITLE
42 NAME David Quade
43 STREET ADDRESS One Beacon Street, Suite 1500
44 CITY-ST-ZIP Boston, MA 02108

51 TITLE
52 NAME Scott D. Spelfogel
53 STREET ADDRESS One Beacon Street, Suite 1500
54 CITY-ST-ZIP Boston MA 02108

61 TITLE
62 NAME
63 STREET ADDRESS One Beacon Street, Suite 1500
64 CITY-ST-ZIP Boston, MA 02108

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)